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# TRANSMITTAL FORM

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Total Number of Pages In This Submission

## Complete if Known

Application Number 09/807,666

Filing Date July 20, 2001

First Named Inventor Robert M. Winslow

Examiner Name M. Audet

Group Art Unit 1723

Attorney Docket No. 011400-0016-099

## ENCLOSURES (Check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance communication to Technology Center             |
| <input checked="" type="checkbox"/> Amendment/Reply (includes an Extension Request)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board                                  |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Information Disclosure Statement   | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Other Enclosure(s) (please identify below)                     |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application   | <input type="checkbox"/> Request for Refund  |   |
|   | <input type="checkbox"/> CD, Number of CD(s) :   |   |
|   | <input type="checkbox"/> CD, Number of CD(s) _____   |   |

Remarks:

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Or Individual Name Pennie & Edmonds, LLP  
Signature *[Signature]*  
Date September 16, 2003

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name Laurie A. Axford

Signature *[Signature]*

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Approved for use through 07/31/2008. OMB 0651-0032  
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# FEE TRANSMITTAL FOR FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

## Complete if Known

Application Number	09/807,665
Filing Date	July 20, 2001
First Named Inventor	Robert M. Winslow
Examiner Name	M. Audet
Art Unit	1723
Attorney Docket No.	011400-0016-999

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TC 1700

## METHOD OF PAYMENT (check all that applies)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 16-1150  
Deposit Account Name: Pennie & Edmonds LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	370	Reissue filing fee	
1005	180	2005	90	Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	-20" =	X		=		
Independent Claims	-3" =	X		=		
Multiple Dependent Claims				=		

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claims, if not paid
1204	64	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\* or number previously paid, if greater; For reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	2053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	\$205
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Pet. to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1480	130	1480	130	Petitions of the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1808	180	1808	180	Submission of Information Disclosure Sheet	
8021	40	8021	40	Recording each patent assignment per properties (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(e))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$205.00)

## SUBMITTED BY

Name (Print/Type)	Laurie A. Axford	Registration No. (Attorney/Agent)	35,053	Telephone	858-314-1200
Signature		Date	9/16/2003		

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